PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032

Date 12/20/2004

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				Complete if Known				
Effective on 12/08/2004.  Sees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Num	ber 0	09/875,823		
FEE TRANSMITTAL				Filing Date	J	June 5, 2001		
				First Named Inve	entor H	IISERODT, JOHN	I C.	
For FY 2005				Examiner Name	Y	YAEN, CHRISTOPHER H.		
Applicant claims small entity status. See 37 CFR 1.27				Art Unit	1	1642		
TOTAL AMOUNT OF I	PAYMENT (	\$) 60.00		Attorney Docket	No.	RVN-001DIV2		
METHOD OF PAY	MENT (check	all that apply)		- T	· · · · · · · · · · · · · · · · · · ·			
METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order Other (please identify):								
Deposit Account Deposit Account Number: 50-0815  Deposit Account Name: Bozicevic, Field and Francis LLP  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s)	indicated below	v		Charge fee(	s) indicate	d below, except for	the filing fee	
	dditional fee(s) R 1.16 and 1.17		ts of fee(s)	Credit any o	verpayme	nts		
WARNING: Information on information and authorizati	this form may be		card inform	ation should not be in	ncluded on t	his form. Provide credi	t card	
FEE CALCULATION	ON		-			_		
1. BASIC FILING, S								
	FILIN	NG FEES	SEA	RCH FEES Small Entity	EXAMI	NATION FEES Small Entity		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)		Fees Paid (\$)	
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0 _		
2. EXCESS CLAIM Fee Description Each claim over 20 or, Each independent claim	for Reissues, e					ginal patent 200	25 100	
Multiple dependent cla <u>Total Claims</u>		Claims F	ee (\$) =	Fee Paid (\$)		360 ole Dependent Clai o (\$) Fee Paid		
HP = highest number Indep. Claims		<u>Claims</u> <u>F</u>	n 20 <b>ee (\$)</b>	Fee Paid (\$)	·			
HP = highest number		x aims paid for, if gre	ater than 3					
3. APPLICATION SI If the specification and for each additi Total Sheets - 10	l drawings exce onal 50 sheets Extra Shee	or fraction the	ereof. See		(1)(G) ar	nd 37 CFR 1.16(s) thereof Fee (\$)		
4. OTHER FEE(S)							Fee Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)								
Other: Petition for a One-Month Extension of Time 37 CFR 1.136(a) 60.00								
SUBMITTED BY	1	$\mathcal{A}$	7-2					
Signature	ad (S)	Taw	1 -	tration No. ey/Agent) <b>36,51</b>	3	Telephone	(650) 327-3400	

Name (Print/Type) Carol L. Francis This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



## EXPRESS MAIL NO. EV 519869154 US

## PETITION FOR EXTENSION **OF TIME UNDER 37 CFR** 1.136(a)

Address to: Mail Stop: Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450

Customer Number	24353
Application Number	09/875,823
Confirmation Number	8672
Filing Date	June 5, 2001
First Named Inventor	HISERODT, JOHN C.
Examiner Name	YAEN, CHRISTOPHER H.
Group Art Unit	1642
Attorney Docket	IRVN-001DIV2

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the ab

above identified appli	ication.			
The requested	d extensi	on and appropriate non-small-ent	ty fee are as follows (check ti	me period desired):
One	month (3	\$ <u>120.00</u>		
☐ Two	months (	\$		
☐ Three	e months	\$	<u>.</u>	
☐ Four	months (	\$		
☐ Five	months (	\$	<del></del>	
	icant clai	ms small entity status. See 37 CF	R 1.27. Therefore, the fee am	ount shown above is
reduc	ed by on	\$ <u>60.00</u> .		
Deposit Account 50- petition therefore.		ized to charge any fees which additional fees are required, in		
I am the:		applicant/inventor		
		assignee of record of the entire See 37CFR 3.71. Statement up		closed.
	$\boxtimes$	attorney or agent of record		
Date: <u>De 20</u>	, 2et	<b>Д</b>	Respectfully submitted, BOZICEVIC, FIELD & FR	15 09875

**BOZICEVIC, FIELD & FRANCIS LLP** 1900 University Avenue, Suite 200 East Palo Alto, California 94303

Telephone: (650) 327-3400 Facsimile: (650) 327-3231

12/28/2004 WABDELR1 00000016 5008: 60.00 DA